



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600002

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAINT KAZIMIERZ SOCIETY

DOING BUSINESS AS ST. KAZIMIERZ SOCIETY

ADDRESS 197 AVE. A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: SELIVANOFF, TIM TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS AND A CELLAR. FIRST FLOOR MAIN BAR, HALL KITCHEN. SECOND FLOOR; STORAGE, 3 ROOMS. THIRD FLOOR; OPEN HALL AND STORAGE CELLAR FOR STORAGE Porch Area

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600003

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAKE'S TAVERN, INC.

DOING BUSINESS AS

ADDRESS 66 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: HOLBROOK,
WILLIAM B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LIQUOR CLOSET, BAR AREA, DINING AREA, OUTSIDE DINING PATIO, CELLAR FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600004

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARGY PIZZA, INC.

DOING BUSINESS AS TURNERS FALLS PIZZA HOUSE

ADDRESS 119 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: ARGY, DAVID M. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE ROOM, TWO BATHROOMS, CELLAR NOT IN USE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600005

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BETWEEN THE UPRIGHTS, LLC

DOING BUSINESS AS BETWEEN THE UPRIGHTS AT 2ND STREET

ADDRESS 23 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: COLLINS, LEWIS B.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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EMPLOYER IDENTIFICATION NUMBER:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600006

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MONTAGUE B.P.O. ELKS LODGE #2521

DOING BUSINESS A

ADDRESS 1 ELKS AVE

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: Hastings, Kevin J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS, FIRST FLOOR, CLUB ROOM BINGO, OFFICE, KITCHEN, CONFERENCE ROOM, BAR. SECOND FLOOR, STORAGE ROOMS. CELLAR BAR, GAME ROOMS, OFFICES, STORAGE ROOMS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600007

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THOMAS MEMORIAL GOLF & COUNTRY CLUB, INC.

DOING BUSINESS AS

ADDRESS COUNTRY CLUB LANE

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: WHITE, BURTON TYPE OF LICENSE: Restaurant
H.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, RECEPTION AREA WITH TWO DOORS EAST AND WEST WITH BAR AND
RESTROOM LOCATED IN SAME. DINING ROOM WITH DOUBLE DOORS LOCATED EAST
AND WEST. KITCHEN LOCATED OFF RECEPTION AREA ... CLUBHOUSE BANQUET HALL
AND NINE HOLE GOLF COURSE WITH TEES 3 AND 5 AS AREAS WHERE ALCOHOL MAY BE
SOLD AND MOTORIZED BEVERAGE CART ALSO USED

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600008

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J.R. SALOON, LLC

DOING BUSINESS AS ROUTE 63 ROADHOUSE

ADDRESS 32 FEDERAL ST.

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01349

MANAGER: GERSHAM,
JESSICA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOOD FRAME BLDG. 1ST. FL. ENTRANCE, FRONT LEFT SIDE BACK AND REAR OF BLDG. 2ND FL. LEFT SIDE OUTSIDE EXIT, OUTDOOR METAL STAIRS, SITTING ON 1.82 ACRES OF LAND, SIDE PATIO AREA ON LEFT SIDE WITH ENTRANCE.

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LICENSE NUMBER: 073600010

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ST. STANISLAUS B & M SOCIETY, INC.

DOING BUSINESS AS

ADDRESS 6 K ST.

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: BRODERICK,
RICHARD T.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS. FIRST FLOOR BAR AND LOUNGE. SECOND FLOOR KITCHEN AND MEETING HALL. CELLAR FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600011

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILLERS FALLS ROD & GUN CLUB, INC.

DOING BUSINESS AS

ADDRESS 00210R TURNERS FALLS RD

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: HARDY ,PAUL F. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT ROAD. CLUB ROOM, KITCHEN, OUTSIDE BAR AND PAVILLION, ALL ATTACHED TO MAIN BUILDING

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600013

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TURNERS FALLS ROD & GUN CLUB, INC.

DOING BUSINESS AS

ADDRESS 15 DEEP HOLE DRIVE

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: LA ROCHELLE,
RAYMOND

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, MAIN ROOM, PORCH, PAVILLION

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600015

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Crystal Spring Investments, LLC

DOING BUSINESS A MILLER'S PUB

ADDRESS 29 EAST MAIN ST

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01349

MANAGER: Tolzdorf, Edmund
Chester

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, MAIN FLOOR USED FOR BAR AND GRILL AND COCKTAIL LOUNGE, 2
ROOMS. CELLAR FOR STORAGE

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600016

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CROOKED RIVER CORPORATION

DOING BUSINESS AS FOOD CITY

ADDRESS 250 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: STEINER,
JONATHAN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

250 AVENUE A, ONE FLOOR SALES AREA, STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600017

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREGORY F. & MARGARET M. CALL

DOING BUSINESS AS CRESTVIEW LIQUORS

ADDRESS 68 UNITY ST

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS AND CELLAR. CELLAR NOT USED. ONE ROOM FOR STORAGE
AND ONE ROOM FOR SELLING

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 073600018

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAM YONG SONG

DOING BUSINESS AS MONTAGUE MINI MART

ADDRESS 60 MAIN ST

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01351

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, THREE ROOMS, LAVATORY, CELLAR FOR STORAGE

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600019

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Sahirat LLC

DOING BUSINESS AS carroll's market

ADDRESS 33 EAST MAIN ST

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01349

MANAGER: patel, vidyaben

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH CELLAR. WOOD FRAME BUILDING PLUS ELEVATED STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600024

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PURPLE MEADOW VENTURES,INC.

DOING BUSINESS AS JAY K'S

ADDRESS 59 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: WINTERS,MELISS TYPE OF LICENSE: Package Store
A

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM FOR STORAGE. ONE ROOM FOR SALES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600029

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LADY KILLIGREW CAFÉ INC.

DOING BUSINESS AS THE LADY KILLIGREW

ADDRESS 444 GREENFIELD RD

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01351

MANAGER: MAJKA, KENNETH TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON GROUND FLOOR OF COMMERCIAL COMPLEX; ONE FOOD PREPERATION
AREA, ONE AREA DEVOTED TO SEATING SPACE; CONNECTED TO MAIN BUILDING
THROUGH TWO SEPARATE DOORS; ONE STREET ENTRANCE/EXIT; ONE EMERGENCY
EXIT THROUGH MAIN BUILDING; OUTDOOR PEDESTRIAN AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600030

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE NIGHT KITCHEN, INC.

DOING BUSINESS AS THE NIGHT KITCHEN

ADDRESS 440 GREENFIELD ROAD

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01351

MANAGER: BRODY, MAX

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING ON THE LOWER LEVELS OF MONTAGUE MILL BLDG. AT 440 GREENFIELD RD., MAIN ENTRANCE ON TOP LEVEL WITH ALTERNATE DOOR ON TOP LEVEL. FIRE EXIT ON LOWER LEVEL, SECOND FIRE EXIT ON UPPER LEVEL. INCLUDES OUTSIDE DECK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600031

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WALTER L. WILLIAMS

DOING BUSINESS AS EQUIS STORE

ADDRESS 125 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: WILLIAMS,
WALTER L.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE ENTRANCE IN FRONT, EMERGENCY EXIT IN REAR. ONE ROOM, CELLAR FOR
STORAGE, APARTMENTS ON SECOND AND THIRD FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600033

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RISTORANTE DIPAOLO, INC

DOING BUSINESS AS RISTORANTE DIPAOLO

ADDRESS 166 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: DIPAOLO, DENISE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BRICK BUILDING, 22X80, FRONT, SIDE AND REAR ENTRANCE. OUTDOOR FULLY ENCLOSED PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600034

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROCKET SCIENCE, LLC

DOING BUSINESS AS THE RENDEZVOUS

ADDRESS 78 THIRD STREET

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: WISNEWSKI,
MARK P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY WOOD FRAME BLDG. ON FIRST FLOOR, ONE ROOM SUBDIVED BAR KITCHEN
AREA, DINING AREA, FRONT AREA, 2 BATHROOMS, CELLAR FOR STORAGE, AN
APARTMENT ON 2ND FLOOR 5 ENTRANCES/EXITS 3 IN BACK OF BLDG. TWO IN FRONT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600035

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ATM PROPERTIES LLC

DOING BUSINESS AS MONTAGUE INN

ADDRESS 485 FEDERAL ST

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: MARTINBEAULT, TYPE OF LICENSE: Restaurant
ALAN A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF THREE ROOMS. 1ST FLOOR-BAR, KITCHEN AND LOUNGE. ONE ROOM UPSTAIRS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600036

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN M. KEATING

DOING BUSINESS AS BURRITO ROJO

ADDRESS 50 THIRD STREET

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: KEATING, JOHN M.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF THE 20' X 60'...ONE STORY REAR ADDITION TO A THREE STORY COMMERCIAL/RESIDENTIAL ROW BUILDING....THE MAIN AND COMMON ENTRANCE IS ON THE ADDITION'S WEST SIDE....TWO ADDITIONAL ENTRANCES/EXITS ARE ON THE EAST SIDE, ONE IS AN EMERGENCY EXIT THROUGH THE KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600039

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HOLY SMOKES LTD.

DOING BUSINESS AS HOLY SMOKES BARBEQUE DELICATESSEN

ADDRESS 52 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: EKUS, LESLIE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CORNER SHOP APPROX. 750 SQ FT WITH PREP AREA, OFFICE, DISH ROOM AND
MERCHANDISE AREA...TWO ENTRANCES OFF CORNER OF AVENUE A AND OFF OF
SECOND STREET...BACK DOOR IS VISIBLE FROM PREP AREA AN HANDICAP
ACCESSIBLE..BELLS ON BOTH ENTRANCES WHEN DOORS ARE OPEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600040

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAMELA TIERNEY

DOING BUSINESS AS BLACK COW BURGER

ADDRESS 125 AVENUE A

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: TIERNEY,
PAMELA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTING OF A FRONT ENTRANCE/EXIT DOOR LEADING INTO DINING AREA AND
BACK ENTRANCE/EXIT OFF KITCHEN. DINING AREA WILL SEAT UNDER 46 PERSONS TO
INCLUDE BOOTHS, TABLES AND BAR SEATING. TOTAL AREA CONSISTS OF 1,834 SF.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 073600041

CITY OR TOWN MONTAGUE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHADY GLEN INC

DOING BUSINESS AS

ADDRESS 7 avenue a

CITY/TOWN: MONTAGUE

STATE: MA

ZIP CODE: 01376

MANAGER: garbiel ii, charles j. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

consisting of a story, dining style restaurant. There is a front and rear exit. The layout of seating area is an "I" shape. There is a counter with permanent stools and 6 four seater booths. The capacity is 48 seats

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: